

POWER OF ONE / FIVE UNIT RECOGNITION APPLICATION

SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

Use this form to apply for state and national recognition when you have completed all five Power of One units. Please print or type all information. Send **two copies** of this form to VP of Individual Recognition – Tom Brockhoft at Winner High School, 431 E 7th St., Box 231, Winner, SD 57580. **Attach one copy of the Chapter Affiliation form to verify membership for each student.** National dues must be postmarked by **March 1** for students to qualify for national recognition.

Participant Information

Member: _____

Adviser: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School phone: _____

Current grade in school: _____

Type of FACS Program: ☐ Comprehensive ☐ Occupational

Unit: A Better You

Project Title: _____ Date Approved: _____

Description and Accomplishments:

Unit: Family Ties

Project Title: _____ Date Approved: _____

Description and Accomplishments:

Unit: Working on Working

Project Title: _____ Date Approved: _____
Description and Accomplishments:

Unit: Taking the Lead

Project Title: _____ Date Approved: _____
Description and Accomplishments:

Unit: Speak out for FCCLA

Project Title: _____ Date Approved: _____
Description and Accomplishments:

I certify the above student has met the membership requirement and has completed all five
Power of One units.

Chapter Adviser Signature: _____ Date: _____

State Adviser Signature: _____ Date: _____